

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/57836

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9	1	1				
10		1				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17	1	1				
18		1				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25	1	1				
26		1				
27		2				
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48		2				
49		2				
50		2				
TOTAL IND.	4					
TOTAL DEP.		44				
TOTAL CLAIMS		48				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						